

**ANNUAL EMERGENCY GENERATOR
SYSTEM
INSPECTION / TEST REPORT**

RETURN COMPLETED FORM TO:

**MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA 33140
FAX: 305-673-1085**

ATTENTION: INSPECTOR _____

The emergency generator, including transfer switches located at the following address have been inspected and/or tested by a Licensed Contractor for proper operation as required by the adopted code/standards at the time of installation and are: (circle one below)

OPERATIONAL

NOT OPERATIONAL

NAME OF BUILDING:

ADDRESS OF BUILDING:

TYPE OF OCCUPANCY (SPECIFIC USE):

NAME OF OWNER OR AGENT:

ADDRESS OF OWNER OR AGENT:

OWNER OR AGENT TELEPHONE:

NAME OF CONTRACTOR:

ADDRESS OF CONTRACTOR:

CONTRACTOR TELEPHONE:

PERSON PERFORMING TEST:

SIGNATURE:

DATE OF INSPECTION/TEST:

REMARKS: _____

NOTE: If the system is operational a record shall be maintained and a tag or sticker shall be placed at the Emergency Generator Control Panel. The tag shall indicate the date, telephone number and name of the company performing the inspection and/or test.